Case 16-62078 Doc 10 Filed 01/13/17 Entered 01/13/17 11:32:17 Desc Main Document Page 1 of 4

1/13/17 11:30AM

	in this information											
Dei	otor 1	Miranda Nor	e Bransom			-						
	otor 2 ouse, if filing)											
Uni	ted States Bankrup	otcy Court for the	WESTERN DISTRICT	Γ OF VIRGINIA		_						
_		-62078		-			Chec	k if this is	· ·			
(If kr	nown)							n amende				
										ving postpetition following date:	•	
0	fficial Form	106I					N	1M / DD/ \	YYYY			
S	chedule I:	Your Inco	ome								12/15	
spo atta	use. If you are sep ch a separate she	parated and you	are married and not fili r spouse is not filing w On the top of any additi	ith you, do not inclu	de infor	matic	on abou	t your sp	ouse. If	more space is	needed,	
1.	Fill in your emp information.	loyment		Debtor 1				Debtor 2	2 or non	-filing spouse		
	If you have more than one job,		Employment status	■ Employed				☐ Employed				
	attach a separate information abou	. 1 . 3 .	Employment states	□ Not employed				☐ Not e	mployed		se	
	employers.		Occupation	Admin Asst								
	Include part-time self-employed wo		Employer's name	UVA								
	Occupation may or homemaker, if		Employer's address	Charlottesville,	VA 229	04						
			How long employed the	here? <u>16</u>				_				
Par	rt 2: Give De	etails About Mon	thly Income									
spou If yo	use unless you are	separated. spouse have mo	ate you file this form. If one than one employer, countries that one employer, countries form.	,		·			·	·	J	
							For Del	otor 1		ebtor 2 or iling spouse		
2.			ry, and commissions (be calculate what the month		2.	\$	4	,101.67	\$	N/A		
3.	Estimate and lis	st monthly overti	me pay.		3.	+\$		0.00	+\$	N/A		
4.	Calculate gross	Income. Add lin	e 2 + line 3.		4.	\$	4,10	01.67	\$_	N/A		

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Debto	or 1	Miranda None Bransom		Case r	number (if known)	16-6	2078		
				For	Debtor 1		Debtor		
	Cop	by line 4 here	4.	\$	4,101.67	\$		N/A	_
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,038.85	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$		N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$_		N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$_		N/A	
	5e. 5f.	Insurance Domestic support obligations	5e. 5f.	\$	0.00	\$_ \$		N/A N/A	
	5g.	Union dues	5g.	\$	0.00	\$_		N/A	_
	- 3	Dental, Vis, Med, FSA Health, Park,	- 3	· —	0.00	· —		14,71	_
	5h.	Other deductions. Specify: Retire	5h.+	\$	375.48	+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,414.33	\$		N/A	_
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,687.34	\$		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a.	\$	0.00	\$_		N/A	_
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8b.	\$	0.00	\$_		N/A	_
	oc.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	и 8с.	\$	0.00	\$		N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$_		N/A	_
	8e.	Social Security	8e.	\$	0.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ce 8f.	\$	0.00	\$		N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$		N/A	_
	٥L	Contribution from Boyfriend for	Ob .	æ	40.00	. ^		N/A	
	8h.	Other monthly income. Specify: cell phone Contribution from Boyfriend to Household Exp	8h.+	\$ \$	760.00	+ \$_		N/A	_
		Contribution from Boymena to Household Exp		Ψ	700.00	Ψ_		IN/A	- ¬
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	800.00	\$_		N/A	4
10.	Cald	culate monthly income. Add line 7 + line 9.	10. \$	3	3,487.34 + \$		N/A	= \$	3,487.34
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.							
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedul adde contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are no cify:	ur deper		•				0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The ree that amount on the Summary of Schedules and Statistical Summary of Certilies			,		e. 12.	\$	3,487.34
13	Do :	you expect an increase or decrease within the year after you file this forn	m?				L	Combi month	ned ly income
13.		No.							
		Yes. Explain: Note: Boyfriend contributes \$760 per month to and \$40 for Debtor's cell phone noted on Sched		ank a	ccount for jo	int ho	usehol	d expe	enses

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Fill in	this informa	ation to identify y	our case:							
Debto	or 1	Miranda Nor	ne Branse	om		Ch	neck if thi	s is:		
							An am	ended filing		
Debto									wing postpetition chap	ter
(Spou	ise, if filing)						13 exp	enses as of	the following date:	
United	d States Bankr	ruptcy Court for the	: WESTE	ERN DISTRICT OF VIRGI	NIA		MM / [DD / YYYY		
Case	number 16	6-62078								
(If kno	own)									
Off	ficial Fo	rm 106J								
		J: Your	Exper	ises						12/15
Be a infor num	s complete mation. If m ber (if know	and accurate as nore space is ne n). Answer eve	s possible eeded, atta ry questio	. If two married people and the community is the community and the community is the community in the community in the community is the community in the community in the community is the community in the community in the community is the community in the community in the community is the community in the community in the community is the community in the community in the community is the community in the communi						
Part 1.	1: Desci	ribe Your House	∌hold							
١.	_									
	■ No. Go to		in a separ	ate household?						
	□ N □ Y	-	st file Offic	ial Form 106J-2, <i>Expense</i>	s for Separate Housel	hold of D	ebtor 2.			
2.	Do vou hav	e dependents?	■ No							
	Do not list D	ebtor 1	☐ Yes.	Fill out this information for	Dependent's relation Debtor 1 or Debtor 2			pendent's	Does dependent live with you?	
	and Debtor 2			each dependent	Debtor 1 of Debtor 2		age	5		
	Do not state dependents								□ No □ Yes	
	dependents	names.							□ Yes □ No	
									☐ No ☐ Yes	
									☐ Yes	
									☐ No ☐ Yes	
									☐ Yes	
									☐ Yes	
3.	Do your ext	oenses include	п	No					⊔ res	
-		f people other t		***						
	yourself and	d your depende	ents?	Yes						
Part		ate Your Ongoi								
expe				uptcy filing date unless y y is filed. If this is a supp						
• •		s naid for with	non-cash	government assistance i	f you know					
the v		h assistance an		cluded it on Schedule I:				Your exp	enses	
		or home owners and any rent for th		ses for your residence. I or lot.	nclude first mortgage	4.	\$		1,051.87	
	If not includ	ded in line 4:								
	4a. Real e	estate taxes				4a.	\$		0.00	
		rty, homeowner's	s, or renter	's insurance		4b.	· · · —		29.36	
	4c. Home	maintenance, re	epair, and ι	upkeep expenses		4c.	\$		50.00	
	4d. Home	owner's associa	tion or con	dominium dues		4d.	\$		230.00	
5	Additional	martagaa naym	onte for w	sur recidence, cuch ac he	mo oquity loops	5	Φ.		0.00	

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6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. 5. 0.0 6c. Telephone, cell phone 6d. \$ 95.7 Cell phone \$ 40.0 7. Food and housekeeping supplies 7. \$ 337.0 8. Childcare and children's education costs 8. \$ 0.0 9. Clothing, laundry, and dry cleaning 9. \$ 80.0 9. Clothing, laundry, and dry cleaning 9. \$ 80.0 10. Personal care products and services 10. \$ 34.0 11. Medical and dental expenses 11. \$ 50.0 12. Transportation. Include gas, maintenance, bus or train fare. 200.0 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 175.0 14. Charitable contributions and religious donations 14. \$ 0.0 15. Insurance. 200.0 21. Taxes. Do not include dinisurance deducted from your pay or included in lines 4 or 20. 21. Each leath insurance 15a. \$ 70.4 21. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 21. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 22. Specify: Personal property taxes estimated 16. 96.0 23. Installment or lease payments: 723.6 24. Other insurance. Specify: 150. \$ 0.0 25. Cybericis or Vehicle 2 77b. \$ 0.0 26. Other, Specify: 1/2 VA CU ccard reaff; Mott will pay other half 7c. \$ 112.5 27. Other, Specify: 1/2 VA CU ccard reaff; Mott will pay other half 7c. \$ 0.0 28. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). 8 0.0 28. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). 8 0.0 29. Other reap property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 0.0 0.0 20. Other reap property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 0.0 0.0	Debt	otor 1 Miranda None Bransom	Case num	ber (if known)	16-62078
6a. Electricity, heat, natural gas 6a. \$ 120.1 6b. Water, sewer, garbage collection 6b. \$ 0.0 6c. Telephone, cell phone, liternet, satellite, and cable services 6c. \$ 0.0 6d. Other, Specify: Cable 6d. \$ 95.7 Cell phone \$ 40.0 7. Food and housekeeping supplies 7. \$ 337.0 8. Childcare and children's education costs 8. \$ 0.0 9. Clothing, laundry, and dry cleaning 9. \$ 80.0 10. Personal care products and services 10. \$ 34.0 11. Medical and dental expenses 11. \$ 50.0 12. Transportation. Include gas, maintenance, bus or train fare.	6.	Utilities:			
6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 0.0 6d. Other. Specify: Cable 6d. \$ 95.7 Cell phone \$ 40.0 7. Food and housekeeping supplies 7. \$ 337.0 8. Childcare and children's education costs 8. \$ 0.0 9. Clothing, laundry, and dry cleaning 9. \$ 80.0 10. Personal care products and services 10. \$ 34.0 11. Medical and dental expenses 11. \$ 50.0 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 200.0 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 175.0 14. Charitable contributions and religious donations 14. \$ 0.0 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 0.0 15b. Health insurance 15b. \$ 0.0 15c. Vehicle insurance 15c. \$ 155.9 15d. Other insurance. Specify: 15d. \$ 0.0 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. \$ 155.9 17d. Car payments for Vehicle 1 17a. \$ 723.6 17b. Car payments for Vehicle 2 17b. \$ 0.0 17c. Other. Specify: 1/2 VA CU ccard reaff; Mott will pay other half 17c. \$ 112.5 17d. Other. Specify: 1/2 VA CU ccard reaff; Mott will pay other half 17c. \$ 0.0 17c. Other. Specify: 1/2 VA CU ccard reaff; Mott will pay other half 17c. \$ 0.0 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). 18. \$ 0.0 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). 18. \$ 0.0 19. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). 18. \$ 0.0 19. Other payments of alimony, maintenance, and support that you did not report as de	٥.		6a.	\$	120.16
6d. Other. Specify: Cable 6d. \$ 95.7		6b. Water, sewer, garbage collection	6b.	\$	0.00
Cell phone Section S		6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
7. Food and housekeeping supplies 7. \$ 337.0 8. Childcare and children's education costs 8. \$ 0.0 9. Clothing, laundry, and dry cleaning 9. \$ 80.0 10. Personal care products and services 10. \$ 34.0 11. Medical and dental expenses 11. \$ 50.0 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 200.0 13. \$ 175.0 14. Charitable contributions and religious donations 14. \$ 0.0 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 70.4 15b. Health insurance 15c. \$ 70.4 15c. Vehicle insurance 9. 15c. \$ 155.9 15d. Other insurance. Specify: 15d. \$ 0.0 15d. Other insurance. Specify: 15d. \$ 0.0 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15p. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15p. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15p. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15p. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15p. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15p. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15p. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15p. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 16 p. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 17p. Car payments for Vehicle 2 17a. \$ 723.6 17b. Car payments for Vehicle 1 17a. \$ 723.6 17b. Car payments for Vehicle 1 17c. \$ 10.0 17c. Other. Specify: 1/2 VA CU ccard reaff; Mott will pay other half 17c. \$ 112.5 17d. Other. Specify: 1/2 Var CU ccard reaff; Mott will pay other half 17c. \$ 10.0 19. Other payments you make to support others who do not live with you. 19. Other payments you make to support others who do not live with you. 20a. Mortgages on other property 20b. Real		6d. Other. Specify: Cable	6d.	\$	95.70
8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$ 80.0 10. Personal care products and services 11. \$ 50.0 11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. Do not include care payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 175.0 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. S 15d. \$ 0.0 15d. Life insurance. Specify: Personal property taxes estimated 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 1/2 VA CU ccard reaff; Mott will pay other half 17d. Other. Specify: 1/2 VA CU ccard reaff; Mott will pay other half 17d. Other. Specify: 1/2 VA CU ccard reaff; Mott will pay other half 17d. Other. Specify: 1/2 VA CU ccard reaff; Mott will pay other half 17d. Other payments of almony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 1061). 19. Other payments of almony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 1061). 19. Other payments of almony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 1061). 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's association or condominium dues 20c. Property, homeowner's association or c		Cell phone		\$	40.00
9. Clothing, laundry, and dry cleaning 10. Personal care products and services 11. \$ 34.0 11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 200.0 13. \$ 175.0 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance deducted from your pay or included in lines 4 or 20. 15b. Health insurance 15b. Health insurance 15c. \$ 70.4 15d. Other insurance. Specify: 15d. Other insurance sestimated 16. \$ 96.0 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. \$ 0.0 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20c. Homeowner's association or condominium dues 20c. Property, immonthly expenses	7.	Food and housekeeping supplies	7.	\$	337.00
10. Personal care products and services 10. \$ 34.0 11. Medical and dental expenses 11. \$ 50.0 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 200.0 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 175.0 14. \$ 0.0 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. \$ 70.4 15b. Health insurance 15b. \$ 0.0 15c. Vehicle insurance 15c. \$ 155.9 15c. Vehicle insurance 15c. \$ 155.9 15d. Other insurance. Specify: 15d. \$ 0.0 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$ 0.0 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$ 0.0 15d. Car payments for Vehicle 1 17a. \$ 723.6 17b. Car payments for Vehicle 2 17b. \$ 0.0 17c. Other. Specify: 1/2 VA CU ccard reaff; Mott will pay other half 17c. \$ 112.5 17d. Other. Specify: 1/2 VA CU ccard reaff; Mott will pay other half 17c. \$ 0.0 18 Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106). 18. \$ 0.0 19 Other payments you make to support others who do not live with you. \$ 0.0 Specify: 19 Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20a. \$ 0.0 20b. Real estate taxes 20c. \$ 0.0 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.0 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.0 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.0 20d. Other: Specify: Emergencies & Misc 20d. \$ 0.0 20d. Calculate your monthly expenses 20d. \$ 0.0 20d. Calculate your monthly e	8.	Childcare and children's education costs	8.	\$	0.00
11. Medical and dental expenses 11. \$ 50.0 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 200.0 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 175.0 14. Charitable contributions and religious donations 14. \$ 0.0 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 0.0 15c. Vehicle insurance 15c. \$ 15c. \$ 15c. 15c. Vehicle insurance 15c. \$ 15c. \$ 0.0 15c. Vehicle insurance, specify 15d. \$ 0.0 15c. Vehicle insurance, specify 15d. \$ 0.0 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal property taxes estimated 16. \$ 96.0 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. \$ 723.6 17b. Car payments for Vehicle 2 17b. \$ 0.0 17c. Other. Specify: 1/2 VA CU ccard reaff; Mott will pay other half 17c. \$ 112.5 17d. Other. Specify: 1/2 VA CU ccard reaff; Mott will pay other half 17c. \$ 112.5 17d. Other. Specify: 1/2 VA CU ccard reaff; Mott will pay other half 17c. \$ 0.0 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106i). 18. \$ 0.0 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.0 20a. Mortgages on other property 20a. \$ 0.0 20b. Real estate taxes 20b. \$ 0.0 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.0 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.0 21. Other: Specify: Emergencies & Misc 21. +\$ 100.0 22. Calculate your monthly expenses 20c. 20c. 20c. 20c. 20c. 20c. 20	9.	Clothing, laundry, and dry cleaning	9.	\$	80.00
Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertrainment, clubs, recreation, newspapers, magazines, and books 13. \$ 175.0 Charitable contributions and religious donations 14. \$ 0.0 Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance, specify: 15d. Other insurance, specify: 15d. Other insurance, specify: 15d. Other insurance, specify: 15d. Other insurance, specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal property taxes estimated 16. \$ 96.0 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 1/2 VA CU ccard reaff; Mott will pay other half 17d. Other. Specify: 1/2 VA CU ccard reaff; Mott will pay other half 17d. Other. Specify: 1/2 VA CU ccard reaff; Mott will pay other half 17d. Other. Specify: 1/2 VA CU ccard reaff; Mott will pay other half 17d. Other. Specify: 1/2 VA CU ccard reaff; Mott will pay other half 17d. Other. Specify: 1/2 VA CU ccard reaff; Mott will pay other half 17d. Other. Specify: 1/2 VA CU ccard reaff; Mott will pay other half 17d. Other. Specify: 1/2 VA CU ccard reaff; Mott will pay other half 17d. Other. Specify: 1/2 VA CU ccard reaff; Mott will pay other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106). 18 Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106). 18 Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.0 20b. Real estate taxes 20b. \$ 0.0 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's association or condominium dues 20c. Property, l	10.	Personal care products and services	10.	\$	34.00
Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 175.0 14. \$ 0.0 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Specify: Personal property taxes estimated 16. \$ 96.0 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 1/2 VA CU ccard reaff; Mott will pay other half 17d. Other. Specify: 17d. Other. Specify: 17d. \$ 0.0 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106i). 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106i). 19. Other apyments on a support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20d. Homeowner's association or condominium dues 21. +\$ 100.0 22. Calculate your monthly expenses	11.	Medical and dental expenses	11.	\$	50.00
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	22.				
22a. Add lines 4 through 21. \$ 3,751.69				Ι Ψ	3,751.69
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add line 22a and 22b. The result is your monthly expenses.		22c. Add line 22a and 22b. The result is your monthly expenses.		\$	3,751.69
23. Calculate your monthly net income.	23.	Calculate your monthly net income.			
23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 3,487.3		23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,487.34
· · · · · · · · · · · · · · · · · · ·			23b.	-\$	3,751.69
					·
23c. Subtract your monthly expenses from your monthly income.			222	· ·	-264.35
The result is your <i>monthly net income</i> . 23c. \$ -264.3		The result is your monthly net income.	23C.	Ψ	207.33

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

Yes.

Explain here: NOTE: Mort, HOA, RE Ins, cable, elec are joint hh expenses that are paid out of a joint bank account w boyfriend. Boyfriend's contribution toward these expenses is included in Schedule I. Debtor will reaffirm vehicle loan and and cross collateralized c card (\$12,437.47 = to equity in vehicle). Gerome Mott will pay 1/2 of the monthly amount (\$225) since he also used the card.